

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509,443

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		2				
5		2				
6		2				
7			1		1	
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				1		1
14			1		1	
15				2		2
16				2		2
17				2		2
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TOTAL IND.	1	↓	2	↓	2	↓
TOTAL DEP.	6	←	13	←	13	←
TOTAL CLAIMS	7		15		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						